



## Missouri Pharmacy Program – Preferred Drug List



### Urinary Tract Antispasmodics

Effective 11/02/2005

Revised 07/06/2006

#### Preferred Agents

- Detrol LA<sup>®</sup>
- Sanctura<sup>®</sup>
- Enablex<sup>®</sup>
- Oxytrol<sup>®</sup>
- Vesicare<sup>®</sup>
- Urispas<sup>®</sup>
- Oxybutynin
- Flavoxate

#### Non-Preferred Agents

- Ditropan<sup>®</sup>
- Detrol<sup>®</sup>
- Ditropan XL

<u>Approval Criteria</u>	<u>Denial Criteria</u>
Failure to achieve desired therapeutic outcomes with documented trial period for 3 or more preferred agents.	Lack of adequate trial on required preferred agents.
Documented trial period for preferred agents	Therapy will be denied if no approval criteria are met
Documented ADE/ADR to preferred agents.	
Documented compliance on current therapy regimen.	
Ditropan XL therapy will be approved as first-line therapy for pediatric patients <ul style="list-style-type: none"><li>○ Pediatric patients defined as aged 6 to 15 years</li></ul>	Drug Prior Authorization Hotline: (800) 392-8030